

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213511427				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: GMAC Insurance Management Corporation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA 23219</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: F1854563</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,500</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,500
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COMMON	2,500					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 500 WEST FIFTH STREET</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WINSTON-SALEM, NC 27101</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Byron W Storms TITLE: PRESIDENT ADDRESS: 500 WEST FIFTH STREET CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Byron W Storms TITLE: PRESIDENT ADDRESS: 500 WEST FIFTH STREET CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27101	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR		
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER A. RENDALL TREASURER 59 MAIDEN LANE NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL KARFUNKEL Chairman, CEO 59 MAIDEN LANE NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENDA CASTELLANO EVP 500 WEST FIFTH STREET WINSTON-SALEM, NC 27101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E. NEWGARDEN EVP 59 MAIDEN LANE NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL H. WEINER CFO 59 MAIDEN LANE NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD DECARLO DIRECTOR 59 MAIDEN LANE NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRY SCHLACHTER DIRECTOR 59 MAIDEN LANE NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JEFFREY A. WEISSMANN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY A. WEISSMANN, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/5/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			